

unanimous opinion of the Council that none of the proposals were in such terms or offered conditions that would be acceptable to the membership; therefore, none of the offers were accepted.

The following preamble and resolutions were unanimously adopted:

"Whereas, The House of Delegates of the California Medical Association (formerly called the Medical Society of the State of California), at its last regular meeting held at San Francisco, California, June 23, 1923, by resolution unanimously adopted, resolved that the Indemnity Defense Fund be discontinued as a Society undertaking at such time and upon such notice as the Council should deem necessary for the best protection of its members; now, therefore, pursuant thereto and to the authority vested in the Council by the Administration Regulations and Coverage Rules of said Indemnity Defense Fund, it is hereby unanimously

"Resolved, That the benefit, protection, coverage and indemnity of the Indemnity Defense Fund shall not nor shall any part thereof extend to or cover any malpractice claim or case or suit or judgment, as defined by said Regulations and Rules, against any member of said fund, arising out of professional services or acts done by or on behalf of such member on or after December 1, 1923; and no member of said fund shall have or be entitled to or receive any benefit or protection or coverage or indemnity from said fund or any part thereof as to any such claim or case or suit or judgment against him so arising out of professional services rendered or acts done by him or on his behalf on or after December 1, 1923; and said Administration Regulations and Coverage Rules are hereby amended accordingly; and be it further hereby

"Resolved, That a copy of this resolution be forthwith sent to the trustees of the Indemnity Defense Fund and to each member of said fund at his address as shown by the Association's books and records by registered mail, and that the secretary of the Association in such registered letter direct the attention of each member to the necessity of securing a physician's indemnity policy with some insurance carrier, issued to him and effective not later than November 30, 1923; and that this resolution be published in the November issue of the Journal, and, if possible, in the October issue thereof."

This means, as far as you are concerned, that you will have no protection from the Indemnity Defense Fund in any malpractice threat, claim, case or suit which is based on anything occurring in your practice on or after December 1, 1923.

It will, therefore, be necessary for you to secure a policy with a commercial company, issued to you and in effect November 30, 1923.

Upon request, this office will furnish you with any information that you may desire or that may be helpful in this connection. Cordially yours,

EWP:D

EMMA W. POPE, Secretary.

PHYSICIANS AND LIFE INSURANCE

With assets of \$7,000,000,000, life insurance is the greatest business in the world, says O. F. Maxon, M. D. (Illinois Medical Journal). Not only is it the most gigantic from a financial standpoint, but in the number of people served and therefore interested. Physicians are vitally interested in, and are the most prominent of contributors to, the success of insurance. Some of this interest, according to Maxon, is shown by the fact that:

"In 1921 American Legal Reserve Companies

paid their medical examiners over \$8,000,000 in medical fees.

"The Metropolitan Life Insurance Company's nurses made 2,116,875 visits free of charge to its industrial policy-holders and 18,984 visits to persons insured under group policies."

Some two and one-half million medical examinations mean not only a vast amount of service and a large income to the medical profession, but it brings to them opportunities to serve people, and for conditions not covered by insurance policies. The interests of medicine and public health are closely associated with life insurance and the insurance companies are an all-powerful force in the future of medicine and the passing and enforcing of medical laws and policies.

EPINEPHRINE APNEA

The sympathomimetic action of epinephrine is undoubtedly the most prominent and important one possessed by this drug, but it is not the only one. Another striking action is the apnea, or stoppage of respiration, produced during the rise of blood pressure when the drug is injected intravenously. The cause of this respiratory inhibition has been variously attributed to the rise of blood pressure, vasoconstriction, anemia and to the direct action of epinephrine. The importance of seeking an explanation for the epinephrine apnea lies in obtaining a more complete knowledge of the drug's action, in determining definitely whether all of its actions are to be regarded as uniformly sympathetic in origin or not, and in reconciling the apnea with the theory of the emergency role of epinephrine and adrenals, which has been so much exploited during the past few years in this country.

The final analysis of a drug's action is frequently made on isolated structures or organs, but in the case of epinephrine apnea, perfusion experiments on the medulla have given variable and inconclusive results. As far as the intact organism is concerned, the evidences brought forward by Bouckaert* of the physiological laboratory of the University of Louvain seem conclusive and indicate that the apnea is due to a direct action of epinephrine. The experiments of Bouckaert also illustrate nicely the use of pharmacological methods in the analysis of physiological function. Making use of the well-known reversal of pressor (to depressor) action of epinephrine by ergotoxine, Bouckaert found that when cats and rabbits were injected previously with ergotoxine and then with epinephrine, the respiratory stoppage, or apnea, occurred in the usual way, without a rise of blood pressure. Under these conditions vasoconstriction was excluded, since the blood pressure tended to fall and ergotoxine paralyzed the vasoconstrictor nerves. The fall of blood pressure was variable and small and hence practically excluded anemia. Bouckaert concludes, therefore, that epinephrine possesses a direct action on certain structures, notably the respiratory center, besides its action on the sympathetic nerve endings. Just how the direct

*Bouckaert, J.—Arch. Néerland, de Physiol. de l'Homme, et des Animaux, 1922, 7:285, "Contribution à l'Etude de L'Influence de L'Adrenaline sur La Respiration."